

**State of Nebraska**  
**Health and Human Services, Regulation and Licensure Laboratory**  
**3701 South 14<sup>th</sup> Street, Lincoln, NE 68502**  
**(402) 471-8426**

**APPLICATION FOR CERTIFICATION OF DRINKING WATER TESTING LABORATORIES  
FOR NEBRASKA**

Please complete all applicable parts of this form using a typewriter or computer, or print in ink.  
Once completed return to the above address to the attention of the QA Manager.

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Date of Request \_\_\_\_\_ Date Request received by HHS Staff \_\_\_\_\_

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Check all that apply:

- Initial Certification Request     Re-certification Request     Certification through Reciprocity Request  
 Additional Method/Analyte Certification Request     Nebraska Coliform Testing Agreement Request

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1. Name of Laboratory or Facility (As it should appear on the Certificate or Agreement)

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2. Description of Laboratory (Check one)

- County Health Department     Utility Laboratory     University/Academic Dept  
 Commercial Laboratory     Other (Please describe) \_\_\_\_\_

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3. Location (Physical address) of Laboratory

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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4. Mailing Address (If different from above)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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5. Name of Lead Technical Director (e.g., Laboratory Director)    6. Telephone # \_\_\_\_\_

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7. Name of Quality Assurance Officer    8. Telephone # \_\_\_\_\_

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9. Hours of Operation: \_\_\_\_\_    10. E-mail address \_\_\_\_\_    11. Fax # \_\_\_\_\_

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12. Certification Number (If already Certified)    13. EPA ID (Required for PT Acceptance) \_\_\_\_\_

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14. Primary Accrediting Authority (If requesting reciprocal certification): \_\_\_\_\_

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15. Check here  if requesting a laboratory agreement to perform Drinking Water Coliform Testing for Public Water Systems in Nebraska.  
Check here  if you can prove you can meet the electronic data submittal requirement.

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16. Check here  if Additional Method(s) and/or Analyte(s) Certification is being Requested at this time. (If this application is for additional analytes and/or test methods, in which case **do not** include methods or analytes you are currently certified to perform by the State of Nebraska.)

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